

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. DA-882985
APPLICANT(S)

FILING DATE

6/20/01

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				51	
2		/				52	
3		/				53	
4		/				54	
5		/				55	
6		/				56	
7		/				57	
8		/				58	
9		/				59	
10		/				60	
11		/				61	
12		/				62	
13		/				63	
14		/				64	
15		/				65	
16		/				66	
17		/				67	
18		/				68	
19		/				69	
20		/				70	
21		/				71	
22		/				72	
23		/				73	
24		/				74	
25		/				75	
26		/				76	
27		/				77	
28		/				78	
29		/				79	
30		/				80	
31		/				81	
32		/				82	
33		/				83	
34		/				84	
35		/				85	
36		/				86	
37		/				87	
38		/				88	
39		/				89	
40		/				90	
41		/				91	
42		/				92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.		21				TOTAL IND.	
TOTAL DEP.		401				TOTAL DEP.	
TOTAL CLAIMS		42				TOTAL CLAIMS	